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GUIDE TO SELECTION OF CLINICAL FACILITIES FOR AN ASSOCIATE DEGREE NURSING PROGRAM.

NEW YORK STATE EDUCATION DEPT., ALBANY

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DEVELOPED AS AN AID TO COLLEGE PERSONNEL IN SELECTING CLINICAL FACILITIES, THE GUIDE ALSO SERVES TO ASSIST OFFICIALS OF COOPERATING AGENCIES TO UNDERSTAND THE TYPE AND QUALITY OF FACILITIES NEEDED. BASIC CONSIDERATIONS INCLUDE THE PHILOSOPHY OF THE EDUCATIONAL PROGRAM AND THE ATTITUDES OF THE PERSONNEL OF THE POTENTIAL COOPERATING AGENCY TO THE EDUCATIONAL PROGRAM, PATIENTS, AND AGENCY NURSING STAFF. PHYSICAL FACILITIES ARE DISCUSSED IN TERMS OF PATIENT CARE AREAS, EQUIPMENT AND SUPPLIES, INSTRUCTIONAL AREAS, LIBRARY FACILITIES, ACCESSIBILITY, DINING ROOM FACILITIES, AND THE MAINTENANCE AND AVAILABILITY OF RECORDS. NURSING CARE IS DISCUSSED IN RELATION TO STAFFING PATTERNS AND QUALITY OF CARE AND OVERALL AGENCY ADMINISTRATION IN RELATION TO THE IMPORTANCE OF ADMINISTRATIVE UNDERSTANDING, HOSPITAL AND MEDICAL ORGANIZATION, AND SUPPLEMENTARY AND RELATED SERVICES. A DISCUSSION OF FORMAL CONTRACTUAL AGREEMENTS INCLUDES A LISTING OF TOPICS WHICH SHOULD BE CONSIDERED IN SURVEYING AN AGENCY AND A CHECKLIST FOR USE IN SURVEYING. APPENDIXES INCLUDE A SAMPLE CONTRACTUAL AGREEMENT AND A LIST OF 17 TYPES OF ORGANIZATIONS AND AGENCIES THAT MAY PROVIDE EDUCATIONAL EXPERIENCES. (JK)

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GUIDE TO SELECTION OF CLINICAL FACILITIES for an Associate Degree Nursing Program

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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FOREWORD

The New York State Associate Degree Nursing Project was a five-year project financed by the W. K. Kellogg Foundation and administered by the State Education Department. The project terminated October 1, 1964.

During the life of the project this guide was developed as an aid to college personnel in selecting appropriate educational settings for nursing students. It was also felt the guide would help agency officials to understand the type and quality of clinical facilities that can best serve student needs.

The following individuals assisted in the writing of this guide. Their valuable contributions are herewith gratefully acknowledged. The work committee consisted of Dr. John J. Bourke, Executive Director, Joint Hospital Survey and Planning Commission; Miss Eleanor Carlson, Instructor, Department of Nursing Education, Teachers College, Columbia University; Miss Ruth C. Johnson, Assistant in Nursing Education, New York State Education Department; Dr. Ruth V. Matheney, Director, Department of Nursing, Bronx Community College; Dean Dorothy McMullan, School of Nursing, Russell Sage College; Dr. Alice Rines, Instructor, Department of Nursing Education, Teachers College, Columbia University; Miss Mary Topalis, Consultant, New York State Associate Degree Nursing Project and Dr. Robert E. Kinsinger, Director, New York State Associate Degree Nursing Project.

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I. INTRODUCTION

It is the puroose of this guide to assist college personnel to survey hospitals, public health agencies, facilities for the handicapped and aged, and the many other settings that are available for nursing education.

Health and welfare agencies that may be utilized for nursing observation and practice vary greatly. In the early planning of an associate degree nursing program, one of the most difficult problems is the evaluation of agencies where adequate clinical experiences may be available. An estimate of the way in which they could be used for educational purposes is also important.

There should be no expectation that all of the desirable attributes mentioned in this guide will be found in agencies surveyed. That would be utopia. However, if facilities are considered in the light of the checklist on pages 16-24, college personnel should soon identify an agency that has so many glaring deficiencies as an educational setting that it is obviously unsuited for nursing instruction.

There is no substitute in conducting an agency survey for a thorough knowledge of educational principles and of the practice of nursing. Without such a background, surveyors will be hampered in using this guide. However, in the hands of competent nurse educators, this booklet should serve to remind the surveyors of the many considerations that govern the selection of clinical facilities for an associate degree nursing program.

A. A Philosophy of Education

Before any curriculum or activity can be planned for the nursing program, the director and faculty should define their philosophy of nursing education. This statement should be a composite of the philosophy of education of the college and the nursing faculty's belief of what nursing is and what they believe nursing education will accomplish in their program. It is apparent, therefore,

that the decision about an agency's value for a projected nursing program will be determined by the educational convictions of the surveyors.

Without some agreement on how a student learns, surveyors may find themselves without a bench mark from which to launch their investigation.

Of equal importance are the overall objectives of the program as well as the specific objectives of the nursing major. The objectives of the nursing program will be, in some degree, determined by the type of nursing roles students will be expected to assume upon graduation.

B. Attitudes of Agency Personnel

Perhaps one of the most important factors to be considered in the selection of clinical agencies is in the area of the "intangible": the attitudes of the personnel in the agency toward associate degree nursing education. Attitudes alone can go far toward making or breaking any agreement reached. A parting of the ways because of inability to work together is detrimental to both the agency and the educational program. A serious exploration of the question of attitudes toward a college centered type of educational program should precede any definite decision.

1. Acceptance

The desire to include the associate degree nursing program as one of the hospital's activities should be accepted by not only the nursing service, but also the agency administration, the Board of Trustees, and the medical board. The more groups and individuals that become interested in the associate degree program, the greater the possibility of understanding its purposes and plan of operation.

However, that an agency wants a working relationship with an associate degree nursing program is not enough to guarantee that a mutually advantageous relationship can be developed. There must also be an understanding of the basic philosophy underlying associate degree programs and a willingness to accept this with all its

implications for how students and instructors function in a clinical situation. Agency personnel must be able to accept college control of the program and to understand the reasons for student assignments rather than criticizing or condemning aspects of the program that differ from tradition. There must be an acceptance of students as learners. On the other hand, the college has a responsibility for seeking to understand the philosophy and the policies of the agency.

Under agreements reached between agencies and colleges, the responsibility for nursing care remains with nursing service, and the responsibility for student education rests with the college faculty. Both groups must be willing to work within this frame of reference. Nursing service in the agency must be able to assure the quality of nursing care and the attitude toward educational programs that will create a situation where learning is possible. College instructors must have an understanding and appreciation of agency functions, operations, and clinical resources that enable them to help students learn. Neither group can function without the other.

2. Attitude toward patients

One of the most significant aspects of an environment conducive to learning good nursing care is the attitude of hospital personnel toward the patient. What are the indications that the patient is respected as a person and as a patient? How the nurse discusses the patients in her patient area will reflect many of her feelings. Her own attitude tells a great deal. The questions in section VI regarding attitudes toward patients, when rephrased to apply to the specific situation, may reveal what the surveyors are looking for.

3. Attitude toward nurses

The agency's plan for the employment of a good nursing staff is identified in the definition of the responsibilities and privileges of the position. The agency's expectations of the nurse and the personnel policies should be clearly stated and should reflect consideration of the nurse as a person.

II. FACILITIES

A variety of health agencies may be utilized for student experience in addition to the hospital. These may include: clinics, doctors' offices, health centers, nursery schools, orphanages, elementary and secondary schools, playgrounds, rehabilitation centers, mental hygiene clinics, public health departments, sanitation departments, etc.

Five major areas of clinical nursing should be considered in planning for the total program. These areas, required by most states, include: medical, surgical, pediatric, obstetric, and psychiatric units.

The combined clinical areas should have a general representation of common health problems from the point of view of morbidity, mortality, incidence and social significance. The patient population should be reviewed as to sex, age distribution, scope of illness, degree of disability, and socio-economic levels for purposes of adequate selection and teaching.

A. Patient Care Area

The evaluation of the suitability of the physical patient area will be determined to a great extent by factors within the individual educational program. The number of students to be assigned per instructor, the number of units to be used per group of students, the total enrollment planned, and the kind of learning experiences desired on any given unit will influence whether or not the basic nursing unit is suitable.

A unit capacity of 20 might absorb a group of 4 or 6 students with one instructor, but might present serious difficulties for 10 or 12 students with one instructor. On the other hand, units of 40 or 60 bed capacity might be useless for learning to give medications through the case method because of isolated medicine cabinets in small, confined areas. A unit with a capacity of 30 consisting of private rooms with closed doors might be a more difficult place to teach fundamentals of nursing than an area with a capacity of 24 consisting of 4 bed units where the upper portion of the dividing walls are glass.

The hospital utilization of its bed capacity is also significant. Over crowded areas with extra beds in hallways or beds close together simply will not tolerate the physical addition of 10 or 12 more persons to the scene. The lack of space for students and instructors to function effectively creates a real learning obstacle.

Certain basic characteristics of the physical patient area are desirable if it is at all possible to find them. First, the area should not be utilized beyond its capacity (except for emergencies). A well equipped, centrally located utility room will save a great deal of time and effort that can be devoted to learning. Running water readily accessible to patient areas is helpful. An accessible medicine cabinet, well lighted, that is large enough to permit a good, visible organization of the drugs it contains and that is surrounded by enough space to permit several people comfortable occupancy facilitates learning. Adequate space for charting helps.

B. Equipment and Supplies

Equipment and supplies necessary for the provision of nursing care to patients should be complete, in serviceable condition, and readily accessible for use. For example, if baths require a wash cloth, towel, soap, bath basin, bath blanket, etc., all of these should be available in good condition and be close at hand in the patient areas at the time baths are given. When spinal punctures and similar procedures are ordered, complete and properly sterilized equipment should be available without loss of time. A well organized and efficiently functioning Central Supply Room is important. Linen supplies should be adequate in numbers and quality and available when needed. The system of ordering and providing equipment and supplies should be directed toward providing service at the time it is needed.

Equipment and supplies need to be reviewed from the point of view of the nursing service load in the institution and the effectiveness of providing that service in terms of patient safety, comfort, and therapeutic needs. Another factor is the use of personnel in providing and caring for equipment and supplies. This is particularly

important in relation to the extent to which nurses carry responsibilities that could safely be delegated to others. This includes transporting equipment and supplies or cleaning and sterilizing equipment.

There should be sufficient equipment and supplies available in the institution to provide for the needs of students in addition to meeting the needs of nursing service. This needs to be reviewed in the light of the program planned by the college. If most or all procedures are to be taught in the clinical field, the equipment for desired demonstrations (such as the use of an oxygen tent) or for planned student practice periods should be available. For example, if drill in handling syringes is to be provided and is planned for the clinical period, the number of syringes must be adequate for practice by the number of students to be included in the practice period.

C. Instructional Facilities

Certain basic facilities in the clinical setting are necessary to implement the kind of educational program that is typically found in college controlled associate degree nursing education. Included in these are: space for instructors, lockers, and locker rooms, either patient area reference libraries or space for them if such libraries are to be supplied by the college. Since nearly all clinical assignments for students are preceded by a pre-conference and followed by a post-conference, space for such conferences is needed for each group of students assigned to the area at any given time. Although there may be times when several groups of students may have pre-and post-conferences together, there will definitely be times when separate conferences will be held for each individual group. Separate facilities will practically always be necessary for students assigned to different clinical services, keeping in mind that medicine and surgery are often used as a single unit in the program. Ideally, pre-conference space should be within the patient area with ready access to the reference literature and patient charts for referral of questions that may arise in pre-planning patient care. Post-conferences in the same area are desirable, but less important. These conferences benefit from the use of black-

boards. The necessary capacity of conference rooms is determined by the college student-instructor ratio in groups and by the extra persons anticipated in conjunction with the teaching program.

Some space needs to be available for instructors. Ideally, this would be an office with a file cabinet. It is quite possible for several instructors to use the same office, especially if only a few of them are in the agency at the same time. This provides a place for instructors to keep records and teaching materials, as well as a private room for individual conferences with students. Some provision will need to be made for these.

Since instructors and students come to the agency at specified intervals, and frequently move back and forth between the college and the agency on any given day, lockers and locker rooms are needed. This would provide not only for the desired change of clothing, but also offer some place for students and instructors to keep personal possessions while they are in the agency. The number of lockers and the space needed will be determined by the pattern of the college program.

Library facilities at the agency are valuable. It is helpful if there are both medical and nursing libraries to which students have access. These are not absolutely essential, however, since the college will provide library facilities. An arrangement for reference literature on the nursing unit is a different matter. If the agency does not or cannot provide for these reference materials in the patient areas where students are assigned, then it must make space available and must also provide some method of control for a unit reference library furnished by the college.

D. Accessibility and Transportation

It is desirable that the appropirate clinical facility be situated near the college area. However, this is not always possible. In selecting the essential learning experience area, the matter of distance and travel time should be considered from a practical point of view. The matter

of distance should not be allowed to override the value of an institution for teaching purposes.

Many students have access to cars for transportation to and from the college and agency. If the students do not have their own means of transportation or convenient public transportation, it may be necessary for the college to provide it.

Since the clinical area is usually at some distance from the college campus, provision for travel time and other factors should be made in program scheduling.

E. Dining Room Facilities

Depending upon the pattern of the college program, it may be necessary to determine if the agency could grant students and instructors permission to use its dining room facilities. If students and instructors are in the agency at mealtimes, and no other satisfactory facilities are available in the immediate area, then some mutually acceptable arrangement must be made.

F. Records

The surveyors will determine that the hospital uses records which implement stated hospital policy and procedure. Such records would be those related to administration, medical and adjunctive services, and nursing services.*

While the hospital will necessarily maintain many records (and reports) related to its overall operation and accreditation, those of particular value in relation to the educational program of students would be:

*A current reference to hospital records will be found in the annual Administrator's Guide Issue of Hospitals magazine published by the American Hospital Association.

Census
  Daily average census relative to clinical services, diagnosis, length of stay, maternity and new born.
Manual of Policies and Procedures
Medical-Nursing
  Patients chart
    Admission sheet
    Medical history and progress
    Social history
    Report of diagnostic tests and X-rays
    TPR sheet
    Nurses' notes
    Referrals - intramural and extramural
    Case summary
    Review of standing orders
  Kardex
    Schedule of administration of medicines and treatments with a nursing care plan devised by the nursing staff
  Research studies of case records

It is important to determine that records concerning patients are maintained in an orderly system and are available for student and faculty use.

The surveyor would expect to find in other health agencies records comparable to those mentioned for hospitals.

III. NURSING CARE

A. The Staffing Pattern of the Agency

The final responsibility for the care of the patients rests with the administration of the agency. The administration delegates this responsibility to appropriate nursing personnel, particularly supervisors, head nurses and staff nurses. The instructor and students who come into the agency need to respect this fact and work to bring about safe, satisfactory care to patients. The head nurse and instructor work co-operatively in planning for the care of patients when they discuss the plan for the stu-

dents' learning activities. The students' assignments are based on their educational needs. The students' care to the patients may be partial, depending on the students' progress. Responsibility for total care remains in the hands of the staff personnel. The student is not there to do the staff nurse's job. An adjustment in staffing should be considered only when it suits both purposes.

B. Quality

The quality of nursing care given is one of the considerations in selecting the agencies which an associate degree nursing program may use for its clinical facilities. Good nursing care should be given in any agency used. However, when an instructor accompanies students and constantly plans and guides the learning experiences, even with less than ideal nursing care given in the institution, the students can be taught to give good nursing care. It would be convenient if there were an easy way to determine the quality of nursing care, but even the nursing profession itself is having difficulty putting into words what it means by "quality care". One cannot determine this without frequent and prolonged opportunities to observe nursing care in the institution under consideration. Some clues that can be obtained from one or two relatively short observations follow.

The first and probably the best clue the surveyors will have about the quality of nursing care in an agency will be the reputation of that agency in the community. A good reputation indicates generally satisfied patients. A poor reputation alerts the surveyor and causes him to seek additional information. A second type of clue would be the philosophy of nursing care of the agency staff. This philosophy is a major factor in determining the quality of care. In an institution being used for nursing education, the philosophy would be that of patient-centered care where the welfare of the patient receives consideration above everything else. The first information about this will come in discussions with the hospital administrator and the nursing service administrator. Such statements as "We try to make our patients feel at home"; "We want our patients to have the best of everything"; "We do have regulations,

but these can be modified if it seems in the best interest of the patient" are evidences of patient-centered care. These persons should be asked or given the opportunity to express their opinion about the quality of care that is given in their institution. Such statements as "What with the shortage of nurses, we can only do thus and so" should alert the surveyors to ask further questions about the nursing care.

Another kind of information obtainable from the nursing service administrator concerns the opportunities provided for members of the nursing staff to extend their nursing knowledge. A copy of scheduled conferences should be available. The extent to which staff nurses are involved in improving nursing care can be an indication of the quality of that care. The surveyors should look for an awareness that improved nursing care requires constant study and action by the nursing staff.

A third set of clues can be found in the areas where nursing is actually carried out. The way patient assignments are made is frequently an indication of the awareness of the patient as a person. Relief assignments for coffee breaks and meal hours should leave sufficient personnel on the unit to meet the needs of the patients. Listening to remarks made by personnel to and about patients can be very revealing. Bulletin boards on the nursing units can be another source of information. The nature of the directives to personnel often reveal the degree of confidence the administration has in its nurses. The general tidiness of the unit is an indication of quality care; it should be neither uncomfortably tidy nor uncomfortably untidy. The number of unanswered patient call bells or lights may be an indication of the concern for the patients. If the survey visit can be timed for visiting hours and also just before or just after visitors leave, how the nurses handle visitors is revealing. Whether nurses are clumped around the desk or out among patients--can be an indication of the quality of nursing care.

The foregoing clues will give the surveyors some hunches about the quality of nursing care in the agency under consideration. However, it should be recognized that the true situation will not be evident until nursing in-

structors have the opportunity for prolonged and frequent observation by actually being in the setting. Unless the nursing care is considerably less than the ideal, this situation alone need not deter an educational program from using an agency, provided the attitudes, facilities, and equipment make it possible for instructors to provide good learning experiences.

IV. ADMINISTRATION AND OTHER SERVICES

A. The Importance of Administrative Understanding

Associate degree nursing education utilizes clinical facilities for teaching in a different way than the traditional hospital controlled program. Key personnel of the hospital administrative staff, nursing staff, and medical staff must truly understand these differences and accept the manner in which students are taught nursing practice by nurse instructors from the college faculty. Unless this prior understanding exists, it is difficult to determine how well the facilities being surveyed could provide a satisfactory setting for college nursing instruction. It is incumbent upon the surveyors to explain the role of the college instructors, the role of the hospital staff, and the precise way in which instruction would be carried out.

A discussion of the use of the pre- and post-clinical conference, patient assignment, and student nursing practice would be important. As a result of this discussion, it might be possible to determine if students taught in this manner would be welcome.

B. Hospital and Medical Organization

There are a number of administrative features of a hospital and hospital medical staff that will assure a setting favorable for nursing education.

A hospital should play an important role as a community health agency. Key personnel should see the role of the hospital as that of a community agency. The Board of Trustees or Board of Managers must assume legal and

moral responsibility for conduct of the hospital. The medical staff must be responsible to the governing body for the quality of care being offered. The size of the institution and the scope of its service should be consistent with broad experience in the various disease areas. The medical staff of the hospital should include physicians who hold Specialty Board Certification, or the equivalent, in at least the specialties of surgery, obstetrics, gynecology, internal medicine, radiology, and pathology. The hospital should hold accreditation from the Joint Commission on Accreditation of Hospitals. It is important that the hospital maintain adequate medical records and that there be sufficient clinical pathological study, i.e., autopsies, adequate tissue committee reviews, etc.

The hospital should provide for professional dietary supervision. There should be an adequate medical record department and laboratory services should include clinical diagnostic services, pathological services and a blood bank. The direction of the pathological services and the X-ray department should be under the immediate supervision of a qualified pathologist and radiologist. The hospital should maintain a medical library and a supervised emergency service should be available.

There should be an acceptable constitution and bylaws for the medical organization of the hospital. The hospital should operate preferably with chiefs of departments.

C. Auxiliary Services

In evaluating an agency for its potential contributions to nursing education, the presence of services other than medical and nursing should be surveyed to determine their adequacy for the provision of comprehensive patient care. Review of this point is also needed in terms of the objectives of the educational program, especially as they relate to 1) understanding the contribution of others to patient care, 2) learning to function with other members of the health team, and 3) understanding the scope and the limitations of the registered nurse role.

In regard to the provision of comprehensive patient care, are the services that patients need available? A hospital that has a high percentage of patients who have acquired physical handicaps needs rehabilitation facilities. A psychiatric hospital needs departments of occupational therapy, psychology, group therapy, and other specialized services. Experience would indicate that all hospitals need social service departments. In other words, the medical and nursing care given is supplemented by other necessary services that patients ought to have if the educational program calls for students to learn how to function with other groups such as the psychology department, the social service department, the occupational therapy department, etc. These significant representative departments must be available in the institution providing learning experiences.

Another factor in the provision of patient services relates to the most effective use of personnel in the interest of patients. If nurses are busy with non-nursing tasks, the nursing care given to patients by nurses (who are best prepared for it) may be proportionately reduced. Key areas to check are the housekeeping department and the dietary department and the extent to which both assume full responsibility for their functions. Other areas that need consideration are the use of laboratory technicians, the use of ward clerks, and messengers where needed, and the organization of the central supply room service. The presence of adequately staffed related departments and the provision of needed supplementary help through the use of ward clerks, for example, offer hope that the particular skills of specially prepared groups, such as medical and nursing, will be more effectively utilized with resulting better patient care. In addition, it provides a better learning situation for students who are in the process of developing an understanding of the scope and the limitations of the registered nurse role.

V. AGREEMENTS

Formal contractual agreements should, of course, be reached by the agency and the college. (See Appendix B for the type of contractual arrangment desirable.) In addition, there are a number of considerations that should

be informally discussed when surveying an agency. Included might be the following topics:

1) The formal responsibility for the educational program
2) The extent of the use of the agency by the college
3) The handling of disciplinary problems
4) The procedure for clearing assignment of students to the agency
5) The extent to which the agency provides resource persons for the program
6) The health procedures to be followed for students
7) Emergency care for instructors and students while in the agency
8) The provisions of class and conference room space, office space for instructors, locker room facilities and necessary eating facilities.
9) The extent of the compliance of students and instructors with hospital rules and regulations
10) A provision for review and termination of the agreement
11) Legal protection for students and instructors while in the agency.

VI. CHECKLIST FOR SURVEY

The following list of questions should serve as a tool for checking on points covered in the preceding guide.

When a question elicits a negative response, the surveyor should briefly note why.

A. General Attitudes

1) Does the Board of Trustees want the program?
2) Does the hospital administration want the program?
3) Does the nursing service in the agency want the program?
4) Does the medical board and medical staff want the program?
5) Are hospital personnel willing to accept the philosophy of the associate degree program?
6) Are hospital personnel willing to accept a program that differs from the traditional?
7) Are hospital personnel willing to make an effort to understand the program?
8) Do hospital personnel feel the educational program can be successful?
9) Do hospital personnel accept the idea that they have a responsibility to provide a clinical situation conducive to learning?
10) Do hospital personnel accept the idea that cooperative effort with the college instructors will be needed if the program is to be successful?
11) Is the institution willing to provide the time needed for an orientation of their personnel to the new program and willing to provide the time needed for orientation of college personnel to the agency?
12) Is there evidence of realistic planning for patients' return to the community?
13) Does the hospital play an active part in community planning for health?

Notes on any negative responses to questions above.

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B. Attitude Toward Patients

1) Is the patient placed in the unit which best suits his needs for safety, observation, attention, privacy, comfort, companionship, etc.?
2) Can rules and regulations be modified out of consideration of patients' important requests?
3) Is there evidence in the ward situation that the patients' preferences and needs supersede the enforcement of a rigid routine?
4) Is there a fear of spoiling the patient if his preferences are considered?
5) Do nurses take the opportunity to talk with patients? Or, are they too rushed, too impersonal in their contact with them?
6) Do the assignments reflect knowledge and concern for the acuteness of patients' illness and the complexity of his specific nursing care? Does the Registered Nurse give assigned routine care according to her ability? Is the aide assigned simple duties and does she assist the RN and the PN with the total care of the patient?
7) Are the various records and reports up-to-date, pertinent, and useful in promoting the best possible care for the patient? Do the patients' charts and Kardex contain information submitted by the nursing personnel which reflects the individual needs of the patient based on his age, his fears, his religion, his financial status, his family and his employment responsibilities, his rehabilitation needs, etc.?
8) Is there evidence that the personnel have concern for the return of the patient to his home

and community? Is there a plan for his continued convalescence at home?

Notes on any negative responses to questions above.

C. Attitudes Toward Nurses

1) Is the nurse's position indicated in the organizational plan of the institution?
2) Has provision been made for the nurses to communicate with the various departments cooperating in the care of the patient?
3) Are the conferences and in-service educational programs concerned with the vital issues involved in the nurses' job? Do they really participate or do they just listen?
4) Are the special attributes and experiences of individual nurses given recognition and are they used in a constructive way? Or, is the assignment a routine, repetitious, monotonous plan?
5) Are the nurses encouraged to spend time with the patients?

Notes on any negative responses to questions above.

D. Clinical Facilities

1) Is the patient area large enough to absorb the number of students who will be assigned there at one time?
2) Are there enough areas to absorb the number of student groups who will be assigned at one time?
3) Will the patient area absorb the extra persons who may accompany students and instructors such as observers or practice teachers?
4) Is the average daily census equal to or below the bed capacity of the area?
5) Is the patient area so constructed that the desired extent of observation of students is possible?
6) Is the utility room well equipped and centrally located?
7) Is running water accessible where it is needed?
8) Is the medication unit adequate in size for its contents and purposes?
9) Is there sufficient space around the medication unit for the desired number of students and instructors?
10) Is there sufficient space for reading charts and for charting?
11) Is the resource area adequate in construction and patient population to facilitate student learning?
12) Will the resource area permit the students to observe and care for a variety of patients in the clinical specialty?
13) Does the clinical area allow for the faculty to decide and to plan cooperatively with personnel for flexibility and variety in student learning experiences?
14) Are there restrictions in the assignment of students to patients which would interfere with the educational program?
15) Do the patient units facilitate bedside teaching?

Notes on any negative responses to questions above.

E. Equipment and Supplies

1) Are the equipment and supplies adequate and in good condition to provide for safe patient care?
2) Are the equipment and supplies available when needed without loss of time?
3) Are the equipment and supplies complete for the nursing care procedures that patients need?
4) Is the nurse's time used effectively in the care of equipment and supplies?
5) Is the system for ordering and maintaining equipment and supplies effective?
6) Are equipment and supplies adequate in number for use by students for experiences planned in the educational program?

Notes on any negative responses to questions above.

F. Records

1) Does the hospital maintain adequate census records containing:
   a) Daily average census relative to clinical services
   b) Diagnosis
   c) Length of stay

   d) Maternity and new born?

2) Is there a current Manual of Policies and Procedures?
3) Are patients' charts readable and do they include:
   a) Admission sheet
   b) Medical history and progress
   c) Social history
   d) Report of diagnostic tests and X-rays
   e) TPR sheet
   f) Nurses' notes
   g) Referrals - intramural and extramural
   h) Case summary
   i) Review of standing orders?
4) Does the Kardex show a schedule of administration of medicines and treatments with a nursing care plan devised by the nursing staff?
5) Are the records concerning patients maintained in an orderly system and available for student and faculty use?

Notes on any negative responses to questions above.

G. Staffing Pattern

1) What is the nursing staffing pattern of the hospital or agency?
2) Is there a head nurse for the unit?
3) What are her functions?
4) What is the ratio of RNs, PNs, aides, and private duty nurses on the unit.
5) How are the various members of the staff used?

Notes on any negative responses to questions above.

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H. Quality of Nursing Care

1) Is there an in-service education program? If so, is it being carried on currently?
2) To whom is the responsibility for the in-service education program assigned?
3) Who selects the topics to be discussed?
4) What subjects are discussed?
5) Are they primarily centered around nursing problems, or are they primarily medical or administrative problems?
6) Are regular nursing staff meetings held?
7) Do the staff nurses have a chance to help in the solution of nursing problems or are they merely told what to do?
8) Are patients assigned to nurses by name or by bed number?

Notes on any negative responses to questions above.

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I. Hospital and Medical Organization

1) Do the Board of Trustees or Board of Managers assume legal and moral responsibility for con-

duct of the hospital?
2) Is the medical staff responsible to the governing body for the quality of medical care being offered?
3) What is the nature of the medical practice?
4) Is the size of the institution and the scope of its service consistent with broad experience in the various disease areas?
5) Does the medical staff of the hospital include physicians who hold Specialty Board Certification or the equivalent in at least the specialties of surgery, obstetrics, gynecology, internal medicine, radiology, and pathology?
6) What is the medical organization?
7) Does the medical organization of the hospital have an acceptable constitution and bylaws?
8) Does the hospital hold accreditation from the Joint Commission on Accreditation of Hospitals?
9) Does the hospital maintain adequate medical records and are there sufficient clinical pathological studies?
10) What attitude does the management and personnel of the agency take toward community health?

Notes on any negative responses to questions above.

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J. Auxiliary Services

1) Are all departments needed for comprehensive patient care (housekeeping, Dietary, Social Service, Psychology, rehabilitation, etc.) active and effective in the agency?

2) Are ward clerks provided where needed?
3) Is messenger service provided where needed?
4) Are laboratory technicians available where needed?
5) Do personnel in the agency spend most of their time carrying out functions for which they are specially prepared?

Notes on any negative responses to questions above.

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K. Summary

1) Could this agency be used as a setting for nursing education?
2) What are the limitations?
3) How many students could be accommodated?
4) What educational experiences are available?

Comments:

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APPENDIX A

Organizations and agencies that may provide educational experiences for an associate degree nursing program:

General hospitals
Psychiatric hospitals
Tuberculosis hospitals
Sanitariums
Nursing homes
Clinics
Doctors' offices
Health departments
Health centers
Nursery schools
Orphanages
Elementary and secondary schools
Playgrounds
Rehabilitation centers
Mental hygiene clinics
Sanitation departments
Health organizations such as: American Cancer Society, Tuberculosis Association, etc.

APPENDIX B

NOTE: The sample agreement below is intended only as a point of departure for the use of educational institutions and hospitals or other health agencies in planning to establish the mutual responsibilities involved in undertaking community or junior college education for nursing. Local situations and facilities should govern the actual document upon which the parties finally agree.

SAMPLE AGREEMENT

Typical College
Anytown, New York

This agreement between Typical College and Healwell Hospital will be effective for a period of one year following the present date (inclusive dates). Prior to the date of termination, (date) the agreement will be reviewed by both parties to the agreement. The agreement shall be automatically renewed for an additional year unless either party requests a change or termination of this agreement.

The Healwell Hospital and the Typical College hereby mutually and informally agree with each other to the following:

Instructional Planning

Students registered in the nursing program at Typical College may utilize for clinical training the various departments of the Healwell Hospital. The days and hours of clinical experiences are to be planned by the faculty of Typical College. The Director of Nursing Service at Healwell Hospital is to be consulted as to the days and hours thus planned.

Specific Responsibilities of Healwell Hospital

A. To supply locker facilities for the above-mentioned students and instructors from Typical College.

B. To X-ray the chest of each of the above-mentioned students in accordance with the hospital medical plan for staff nurses.

C. To provide adequate classroom and conference room space and use of any available instructional materials.

D. To provide practice nursing and/or observational opportunities on the wards and in the various departments of the hospital.

E. To allow the students and instructors, at their own expense, to use cafeteria facilities in the hospital.

Specific Responsibilities of Typical College

A. To go through the proper hospital channels to make plans for observations and/or practice nursing experience.

B. To provide all supervision and instruction required in the program unless in specific instances other provisions are made.

C. To abide by the existing rules and regulations of Healwell Hospital.

D. To assume responsibility for cost of equipment that is broken or damaged due to negligence (otherwise assumed by Healwell Hospital).

Mutual Responsibilities

The nursing department of Healwell Hospital and the faculty in the nursing department of Typical College to cooperate in the concurrent and terminal evaluation of the program.

Signed_____
(Representative for Typical College)

Signed_____
(Administrator, Healwell Hospital)

Date_____